22nd July 1953]

(vi) stimulating production through prize and other incentive schemes ;

(vii) promoting the cultivation of high-yielding food crops ;

(viii) organizing voluntary labour for Community works ; and

(ix) estimating and assisting in the provision of requirements of local raw materials for the artisans of the village.

Name of districts in which the Village Production Councils have been formed.	Total number of Councils so far formed.
1 Tanjore	639
2 Kurnool	68
3 The Nilgiris	38
4 Guntur	185
5 Tirunelveli	220
6 North Arcot	335
7 Anantapur	392
8 East Godavari	88
9 West Godavari	47
10 Nellore	122
11 Cuddapah	302
12 Ramanathapuram	550
13 Malabar	315
14 Bellary	519
15 Coimbatore	180
16 Visakhapatnam	497
17 South Arcot	307
18 Srikakulam	121
19 Tiruchirappalli	377

APPENDIX XVI.

[Vide answer to unstarred question No. 167 asked by Sri K. Krishna Rao at the meeting of the Legislative Assembly held on 22nd July 1953, page 972 supra.]

Statement showing the first three municipal towns and districts that returned highest death rates, death rates from some specific diseases, infant and maternal mortality rates in 1950 and 1951.

	Municipalities—	1950	Municipalities—	1951
1 (a) Death rate per 1,000 of estimated population.	Pollachi	38·58	Nellore	34·58
	Madras	38·23	Chingleput	33·98
	Nellore	37·31	Mannargudi	27·67

[22nd July 1953

Item	1950		1951	
	Districts—		Districts—	
1 (*a*) Death rate per 1,000 of estimated population—*cont.*	Tirunelveli	23·40	Tirunelveli	21·40
	Madurai	22·01	Srikakulam	20·54
	Tanjore	21·89	North Arcot	18·81
	Municipalities—		Municipalities—	
(*b*) (i) *Enteric fever.*—Death rates per 1,000 of population.	Udipi	1·49	Cochin	1·10
	Mangalore	1·48	Udipi	0·93
	Hindupur	1·48	Tadpatri	0·87

(Figures for districts are not available, as enteric fever is not a separate registrable causeus of death.)

Item	1950		1951	
(ii) *Respiratory diseases*—Death rates per 1,000 of population.	Palni	10·76	Palni	10·33
	Madras	9·61	Madras	7·55
	Madurai	9·51	Chingleput	7·06
	Districts—		Districts—	
	Nilgiris	3·82	Madurai	2·26
	Madurai	3·23	Nilgiris	2·20
	Coimbatore	2·11	Coimbatore	2·03
	Municipalities—		Municipalities—	
(iii) *Cholera.*—Death rates per 1,000 of population.	Tiruvarur	3·21	Mannargudi	2·46
	Mannargudi	2·86	Tiruvarur	1·89
	Madurai	2·33	Chidambaram	1·59
	Districts—		Districts—	
	Madurai	2·30	South Arcot	0·84
	Tanjore	1·77	Cuddapah	0·77
	South Arcot	1·36	Tirunelveli	0·71
	Municipalities—		Municipalities—	
(iv) *Smallpox.*—Death rates per 1,000 of population.	Chittoor	3·84	Salur	5·63
	Guntakal	2·81	Villupuram	5·12
	Tiruvallur	2·53	Palakole	2·81
	Districts—		Districts—	
	Guntur	0·87	Guntur	0·79
	Kurnool	0·59	Srikakulam	0·76
	Anantapur	0·49	Kurnool	0·68
	Municipalities—		Municipalities—	
(*c*) (i) *Infant mortality.*—Rate per 1,000 live births.	Melapalayam	198·30	Salur	272·54
	Madras	187·72	Anakapalle	189·59
	Anakapalle	187·34	Tirunelveli	176·69
	Districts—		Districts—	
	West Godavari (plains)	165·81	West Godavari (plains).	148·44
	East Godavari (plains)	157·34	Tirunelveli	143·60
	Tirunelveli	151·77	Srikakulam	141·25
	Municipalities—		Municipalities—	
(ii) *Maternal mortality.*—Rate per 1,000 births (live and still).	Rajapalayam	21·08	Nellore	21·01
	Tadpatri	19·73	Palayamkottai	20·68
	Chingleput	19·12	Chingleput	18·60
	Districts—		Districts—	
	Tanjore	10·38	Tanjore	9·58
	Tiruchirappalli	10·08	Anantapur	8·23
	Cuddapah	9·16	Tiruchirappalli	8·22

22nd July 1953]

(*d*) In the ultimate analysis, the reduction of general death rate in the districts and municipalities under item (*a*) of the question is possible only if and when the long-term plan of provisions of hygienic environment—including proper housing, protected water-supplies, adequate drainage, sanitary excretal disposal and safe food supply is implemented. However, programmes for improvement of rural and urban water-supplies and drainage in urban areas are being implemented to the extent funds have been provided and the maternity and child-welfare services are being extended as far as funds are available.

2. In the municipalities, where high mortality rates from enteric fever were recorded in 1950 and 1951, anti-typhoid inoculations among contacts, isolation of cases in hospitals wherever possible, chlorination of water-supply sources were carried out.

3. In the areas affected by cholera, intensive anti-cholera inoculation drive was carried out by detailing additional Health Inspectors, Cholera Inspectors and Cholera Overseers. Cholera cases were isolated in temporary isolation sheds and disinfection of infective discharges and materials, chlorination of water-supplies were carried out. Propaganda on methods of prevention of infection was also done by means of distribution of pamphlets, posters, etc. Besides these temporary measures, the execution of the five-year water-supply and drainage schemes in urban and rural areas have been undertaken. Provision of public and private sanitary conveniences by enforcing necessary sections of the Madras Public Health Act is being pushed through vigorously.

4. In the areas where high mortality rates from smallpox were recorded in 1950 and 1951, and in other areas also, intensive primary vaccinations and revaccinations among the vulnerable groups were carried out by augmenting the permanent staff by temporary trained vaccinators. Wherever possible, temporary sheds were put up for isolation and treatment of smallpox patients.

5. The high mortality rates from respiratory diseases in municipalities mentioned under section (*b*) of the question are mostly due to overcrowding and congestion. Steps are generally taken to improve housing conditions by periodical inspection of houses and enforcing provisions of the Madras Public Health Act, clearance of slums, etc., as far as practicable under the limited finances available to local authority. In Nilgiris district, climatic conditions favour high incidence of respiratory diseases.

6. In view of the high infant and maternal mortality rates recorded in the municipalities and districts, the maternity and child-welfare services have been extended as far as funds of the local authority permitted. In the places mentioned in answer to item (*c*) of the question 31 maternity and child-welfare centres were established during 1950 and 1951.